A photograph showing three people smiling and interacting at a table. On the left, a man in a blue shirt is looking down at something on the table. In the center, an older man in a blue sweater is leaning forward, smiling broadly. On the right, a young boy in a blue shirt is also smiling and looking at the table. The table is covered with a red cloth and has some items on it, including what looks like a small container and some papers. The background is slightly blurred, showing what might be a window or a wall with some decorations.

Guide TO
VA MENTAL HEALTH SERVICES
FOR *Veterans & Families*





*It takes the strength and courage
of a warrior to ask for help.*



**South Central Veterans Integrated Service Network (VISN) 16
Mental Illness Research, Education, and Clinical Center (MIRECC)
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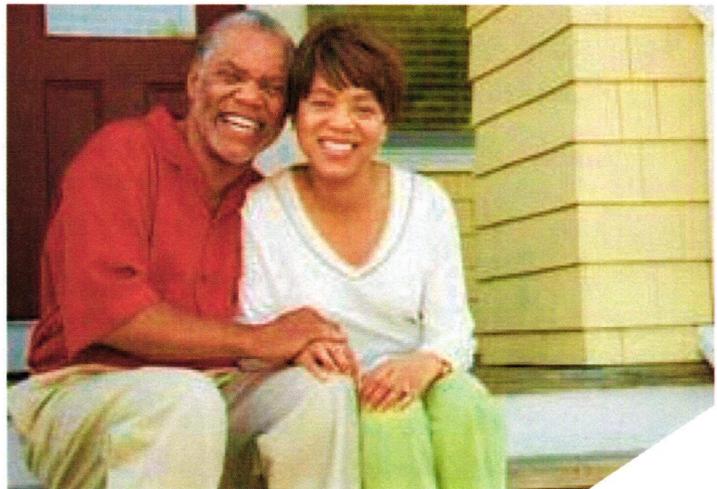
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WE WISH TO EXPRESS OUR THANKS to the many Veterans, clinicians, and administrators who gave us valuable guidance and feedback on translation of VA policy into a simple, direct, and easily understandable document for Veterans and their family members. In particular, we thank the South Central Mental Illness Research, Education, and Clinical Center (SC MIRECC) Consumer Advocacy Board who have collectively kept the SC MIRECC's researchers, clinicians, and educators "on track" for many years. So many individuals have contributed to this document that it is not possible to list them all. The help we received was truly invaluable.

Guide TO VA MENTAL HEALTH SERVICES FOR *Veterans & Families*

In 2008, VA introduced a new mental health handbook that provides guidelines for VA hospitals and clinics across the US. The new handbook specifies exactly what mental health services VA hospitals and clinics are required to offer to Veterans and their families. The requirements differ depending on the size and type of VA hospital or clinic but apply across the entire VA system.

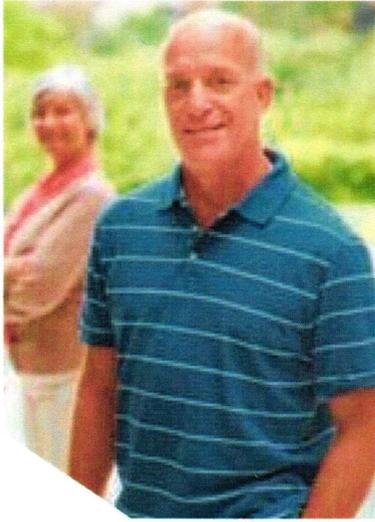


This brochure is a shorter, simplified version of the handbook intended for the general public. If you are a Veteran, Veteran family member, member of a Veterans Service Organization, or member of another group interested in VA mental health care, you can use this handbook to learn what mental health services your local or regional VA health care facility has pledged to provide to Veterans.

In this brochure, we first describe the guiding principles of mental health care. Then, we explain how to find mental health care and the different treatment settings where VA offers mental health care, such as hospitals (inpatient care) or clinics (outpatient care) or through telemedicine (where mental health providers in one location can talk with, evaluate, and treat Veterans at another location through closed-circuit video). We provide information about the types of treatments available for the most common mental health problems of Veterans (such as depression, substance abuse, and posttraumatic stress disorder) and describe the special programs offered for particular groups of Veterans (such as women Veterans, Veterans who are homeless or older Veterans).

Finally, Appendix A shows the mental health services VA hospitals and clinics are required to provide, and the glossary defines common VA mental health terms. Use this information to find out what services your VA hospital or clinic should be able to offer you.





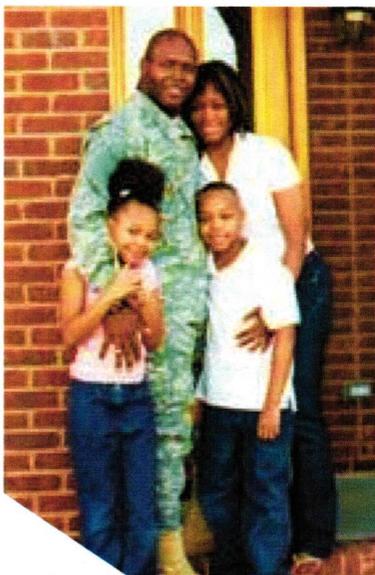
PRINCIPLES THAT GUIDE VA MENTAL HEALTH CARE FOR VETERANS

Certain basic principles form the foundation of all VA mental health care. They are:

- **Focus on Recovery** – VA is committed to a recovery-oriented approach to mental health care. Recovery empowers the Veteran to take charge of his/her treatment and live a full and meaningful life. This approach focuses on the individual's strengths and gives respect, honor, and hope to our nation's heroes and their families. The concepts underlying a recovery-oriented approach to care are very much in line with VA's commitment to provide patient-centered care.
- **Coordinated Care for the Whole Person** – VA health care providers coordinate with each other to provide safe and effective treatment for the whole person—head to toe. Many Veterans begin mental health care with their VA primary care provider. VA believes Veterans can continue to be treated for many mental illnesses in primary care or referred for more intensive treatment to specialty mental health care. Also, most VAs have chaplains available to help Veterans with their spiritual or religious wellbeing. Having a healthy body, satisfying work, and supportive family and friends, along with getting appropriate nutrition and exercising regularly, are just as important to mental health as to physical health.
- **Mental Health Treatment in Primary Care** – Primary Care clinics use Patient Aligned Care Teams (PACTs) to provide the Veteran's healthcare. A PACT is a medical team that includes mental health experts.

Like a quarterback, the primary care provider directs the Veteran's overall care by coordinating services among a team of providers. If you are experiencing mental health problems, talking to your primary care provider is a good place to start. Many times your mental health problem can be evaluated and treated by your primary care provider, with extra help from a mental health clinician who can stay in close contact with you. There are also mental health providers on primary care teams to offer guidance to your primary care provider when needed. When more complex or intensive care is needed, your primary care provider will refer you to a specialized mental health program for further treatment. Veterans receiving care in specialty mental health clinics will still have their primary care closely coordinated with the PACT team.

- **Mental Health Treatment Coordinator** – Veterans who receive specialty mental health care have a Mental Health Treatment Coordinator (MHTC). The MHTC helps to ensure that each Veteran has continuity through his/her mental health care and transitions. The MHTC's job is to understand the overall mental health goals of the Veteran. Having a MHTC assigned ensures that each Veteran can have a lasting relationship with a mental health provider who can serve as a point of contact, especially during times of care transitions. Once assigned, the MHTC usually continues to be the mental health point of contact for the Veteran as long as the Veteran receives mental health services within VHA.





U.S. Department
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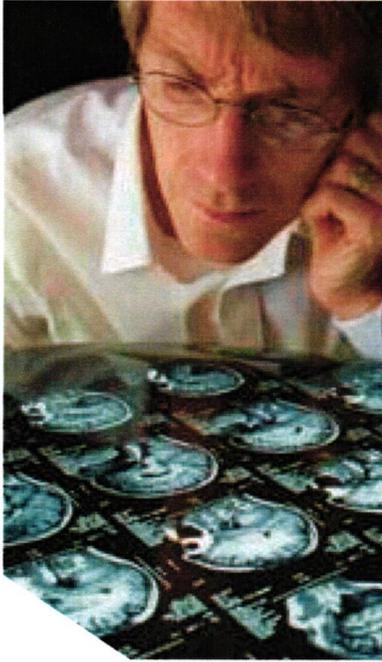
*"It's hard to talk about,
but once I do, I feel a
sense of relief."*

**MAKE THE
CONNECTION**

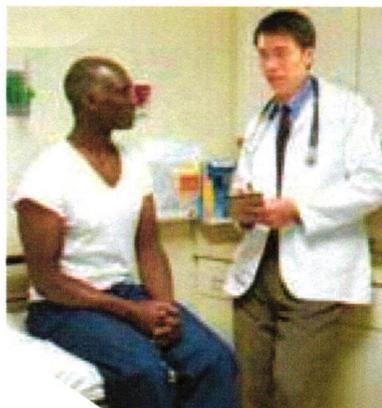
Learn more at:

www.MakeTheConnection.net/WatchStephen

Stephen
US Air Force
1980-1986



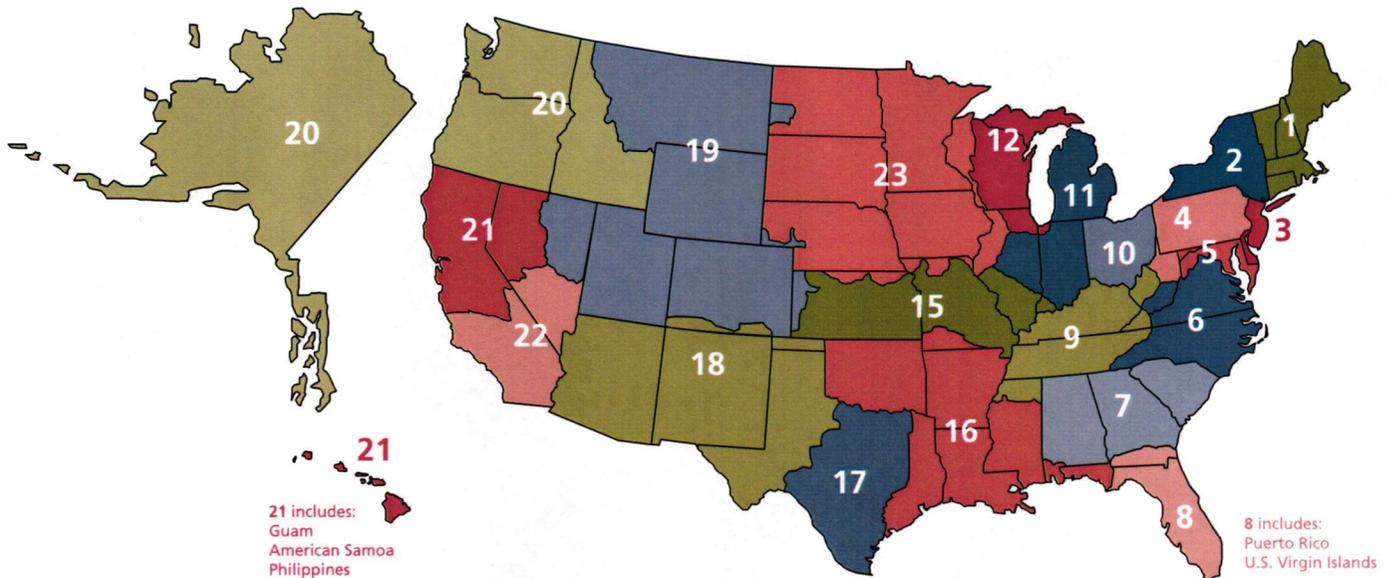
- **Around-the-Clock Service** – Emergency mental health care is available 24 hours per day, 7 days per week at VA medical centers. If your VA does not have a 24-hour emergency room, it must provide these services through a local, non-VA hospital. Telephone evaluations at VA medical centers and the national crisis hotline are also available 24/7.
- **Care that is Sensitive to Gender and Cultural Issues** – VA health care providers receive training about military culture, gender differences, and ethnic issues in order to better understand each Veteran. In situations where a Veteran might feel more comfortable with a same-sex provider (or an opposite sex provider), VA will make every effort to arrange gender-specific care. VA policy requires that mental health services be provided in a manner that recognizes that gender-specific issues can be important components of care. Veterans who are being treated for mental health conditions related to Military Sexual Trauma (MST) have the option of being assigned a same-sex provider, or opposite-sex provider if the MST involved a same-sex perpetrator. Veterans treated for other mental health conditions have the option of a consultation from a same-sex provider regarding gender-specific issues.
- **Care Close to Home** – VA is moving closer to where Veterans live by adding more rural and mobile clinics and working with other health care providers in the community. There are now over 800 Community-Based Outpatient Clinics (CBOCs). Using new technology called telemedicine, Veterans can also receive care from mental health specialists located at VA medical centers or other clinics.
- **Evidence-Based Treatment** – VA is committed to making evidence-based treatments widely available. Evidence-based treatments are treatments that research has proven are effective for particular problems. Mental health providers receive training on a wide variety of proven treatments. Mental health providers must offer evidence-based treatments to Veterans.
- **Family and Couple Services** – Sometimes, as part of a Veteran's treatment, some members of the Veteran's immediate family or the Veteran's legal guardian may be included and receive services, such as family therapy, marriage counseling, grief counseling, etc. Examples of how VA helps families might include providing education about mental illness and treatment options. Family members might learn how to recognize symptoms and support recovery. In some treatment settings, a brief course of couples counseling or family therapy may be offered.



HOW VA IS ORGANIZED

VA is organized into Veterans Integrated Service Networks (VISNs). Each VISN has at least two medical centers, and each medical center has outpatient clinics onsite and community-based outpatient clinics (CBOCs) throughout the VISN. VA classifies these CBOCs according to size. Very large CBOCs treat more than 10,000 individual Veterans per year. Large CBOCs treat 5,000-10,000 individual Veterans per year. Mid-sized CBOCs treat 1,500-5,000 individual Veterans per year, and small CBOCs treat fewer than 1,500 individual Veterans per year. Veterans can seek care at the location closest to their home. Veterans can be referred to a larger clinic or medical center if needed.

The map shows VA VISN locations throughout the United States.

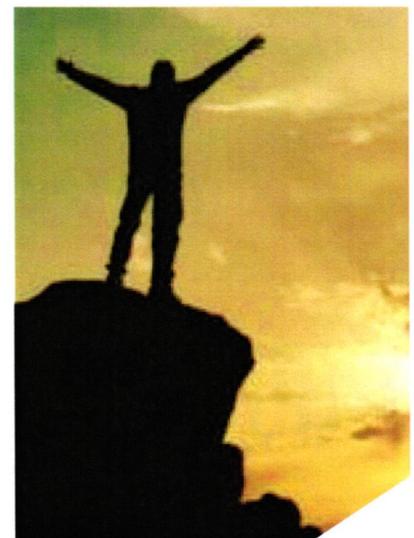


HOW YOU CAN FIND THE MENTAL HEALTH CARE YOU NEED

If you have a mental health emergency (like wanting to hurt yourself or someone else), go to the nearest hospital emergency room or call 911. If it is not a VA hospital, you may be able to move to a VA facility depending on your circumstances. If you are feeling suicidal, you can also call, text, or chat online with the *Veterans Crisis Line*. The *Veterans Crisis Line* connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. To speak with a responder by phone, call **1-800-273-8255** and **Press 1**. To chat online go to www.veteranscrisisline.net. To text with a responder, send a text message to **838255**. These confidential support options are available 24 hours a day, 7 days a week, 365 days a year.

If you have a mental health problem and have never been seen in a VA hospital or clinic, call VA general information hotline at 1-800-827-1000 or visit VA's website at www.va.gov. You will be able to find the address and phone number of a VA hospital or clinic near you. Some Veterans begin the process of finding mental health care through a VA Readjustment Counseling Service Veterans Center (Vet Center). Veterans who are homeless can get help finding mental health care at a Veterans drop-in center, or by contacting the National Call Center for Homeless Veterans at 1-877-424-3838, or by visiting the VA's Homeless Veterans Website at www.va.gov/homeless.

If you are already using VA medical services, ask your primary care provider to arrange for you to see a VA mental health provider.





IT'S YOUR CALL

**Confidential help for
Veterans and their families**

© 6/12 VHA

1-800-273-8255 PRESS 1

**Veterans
Crisis Line**



• • • Confidential chat at VeteransCrisisLine.net or text to **838255** • • •

Suicide Prevention Services

- Suicide prevention coordinators work with mental health care teams to monitor and support Veterans at high risk for suicide
- The **Veterans Crisis Line** connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call 1-800-273-8255 and Press 1, chat online at www.veteranscrisisline.net, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year.

A personal safety plan that helps the Veteran recognize signs that often precede his/her suicidal ideas and lists strategies that help the Veteran manage those thoughts and feelings. The plan also identifies people that the Veteran can turn to for help. Safety plans are created with the mental health provider and the Veteran (including family members, if desired). This way, a plan is designed specifically for the Veteran and his/her problem areas.

Make the Connection Resources: One of VA's national outreach campaigns, called *Make the Connection*, helps Veterans and their family members and friends connect with information and services to improve their lives. At the user-friendly web site: www.MakeTheConnection.net, Veterans and their families and friends can privately explore information. Veterans and family members can watch stories similar to their own, and find information about mental health issues and treatment. They can find support and information that will help them live more fulfilling lives.

Make the Connection shows true stories of Veterans who faced life events, experiences, physical injuries, or psychological symptoms; reached out for support; and found ways to overcome their challenges. These stories come from Veterans of all service eras, genders, and backgrounds. The stories show powerful, real-life example of Veterans with positive treatment outcomes and recovery on the many paths to more fulfilling lives.

VA encourages Veterans and their families to “make the connection” with strength and resilience of Veterans like themselves, with other people who care, and with information and available sources of support for getting their lives on a better track.

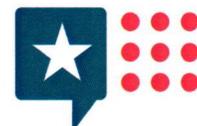
For more information go to www.MakeTheConnection.net.

HOW YOU KNOW IF YOU HAVE A MENTAL HEALTH PROBLEM

Sometimes it can be hard to tell. Since the brain and body affect one another, mental problems can cause physical problems along with changes in thinking, feeling, and behavior. In addition to commonly recognized emotional problems, like feeling very sad or nervous, symptoms and signs of mental health problems can include:

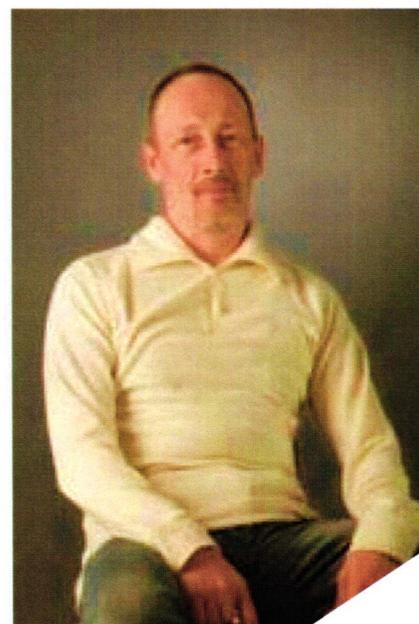
- changes in sleep, appetite, weight, or sex life
- headaches or other physical pain
- muscle tension and weakness

Veterans Crisis Line



1-800-273-8255
PRESS 1

MAKE THE CONNECTION
www.MakeTheConnection.net



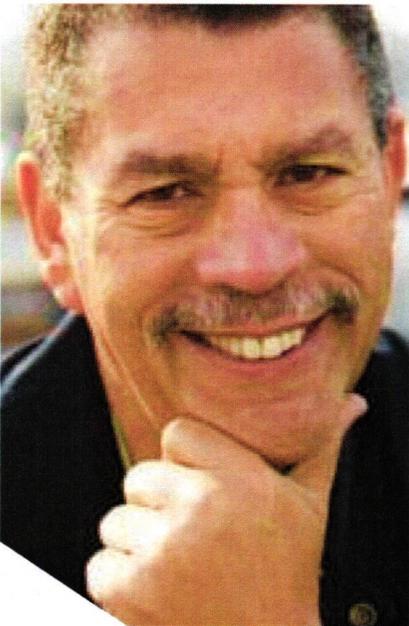


- decreased energy, motivation, or interests
- problems with attention, concentration, or memory
- irritability, anger, or “short temper”
- feelings of guilt, worthlessness, helplessness, or hopelessness
- unhealthy behaviors (misusing drugs, alcohol, food, sex, or other behaviors like gambling or spending too much money to cope with stress or emotions)
- problems functioning at home, work, or school

The most important thing to remember is to talk with your primary care or mental health provider when you notice new symptoms or problems. Your health care team can help you figure out what’s going on and what to do about it.

WHAT WILL HAPPEN WHEN YOU REQUEST MENTAL HEALTH SERVICES

There are many VA health care providers trained to help Veterans with mental health problems. A Veteran who feels anxious or depressed, may be drinking too much, has nightmares about combat, or feels something just isn’t right, should start by talking with a primary care provider. The primary care provider, who may be a doctor, nurse, or counselor, will listen and offer support. The primary care provider may start medication and will help the Veteran manage the problem. In other cases, the primary care provider may refer the Veteran to a mental health specialist – that is, a psychiatrist, psychotherapist, or other behavioral health specialist. At medical centers and very large CBOCs, the Veteran may be seen the same day by a mental health specialist working in the primary care clinic. If the Veteran is being seen in a smaller CBOC or if the Veteran needs more comprehensive care, the Veteran will be referred to a mental health specialty clinic for an appointment within 14 days. The mental health specialist will talk with the Veteran to understand more about what is going on in the Veteran’s life. The specialist will help identify the problem and recommend treatment that might include medications, talk therapies (also called psychotherapies), social support services, etc. Family members may participate in treatment planning if desired by the Veteran. Veterans already receiving outpatient care in a mental health specialty clinic will be seen immediately for emergencies.



MENTAL HEALTH TREATMENT IN VA

VA offers a range of treatments and services to improve the mental health of Veterans. Exercise, good nutrition, good overall physical health, and enjoyable social activities are linked to positive mental health. Some VAs offer help for coping with stress, such as relaxation exercises. For Veterans with serious mental illness, VA offers care tailored to help with their specific problem and to promote recovery. Serious mental illnesses include a variety of diagnoses (for example, schizophrenia, depression or bipolar disorder, posttraumatic stress disorder [PTSD], and substance use disorders [drugs or alcohol, or illegal substances]) that result in significant problems functioning in the community. These problems are often treated with medications and individual or group psychotherapy (talk therapy). Programs that provide peer support are also very important. Treatments and services for these disorders are provided in a variety of settings. The next two sections describe the types of treatment settings within VA and the types of treatments for specific mental illnesses provided by VA.

TYPES OF TREATMENT SETTINGS

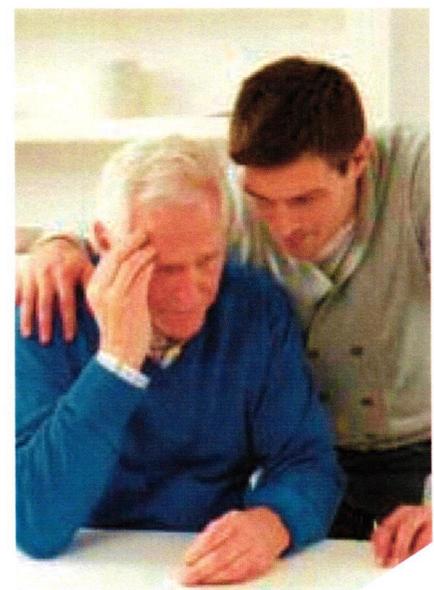
VA offers treatments for mental health problems in a variety of settings, including:

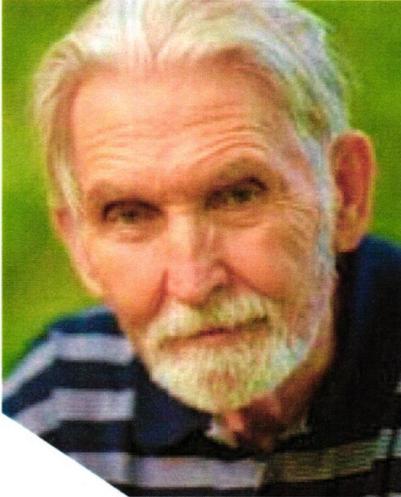
- short-term, inpatient care for Veterans suffering from very severe or life-threatening mental illness
- outpatient care in a psychosocial rehabilitation and recovery center (PRRC) for Veterans with serious mental illness and significant problems in functioning (see Appendix A & D for more information about PRRC services)
- regular outpatient care, which may include telemedicine services, for Veterans during a difficult time in life
- Residential Rehabilitation Treatment Programs (RRTP) for Veterans with a wide range of mental health problems (such as posttraumatic stress disorder and substance use disorders and/or rehabilitative care needs (such as homelessness, job training, and education) who would benefit from treatment in a structured environment for a period of time (see Appendix B). Residential treatment programs include domiciliary programs.
- primary care: many common mental and behavioral problems are addressed within primary care by mental health experts working as part of the Patient Aligned Care Team.
- residential care for Veterans with a wide range of mental health problems and/or rehabilitative care needs (such as homelessness, job training, and education) who would benefit from living in a structured environment for a period of time (see Appendix B)
- supported work settings to help Veterans join the work force and live well in the community (see Appendix C for more details)

Different treatment settings are appropriate for different problems at different times. For example, a Veteran who is severely ill or suicidal might need inpatient treatment in a hospital for several days. VA provides short-term inpatient care with the expectation that with continuing mental health treatment, the Veteran would be offered care in the least restrictive environment. When the illness becomes less severe, he or she may return home and receive treatment as an outpatient in a VA clinic.

Inpatient treatment typically includes medication and individual and group counseling. For Veterans who receive inpatient and residential mental health treatment, VA will check on the Veteran's progress within one week after she/he leaves the hospital. This evaluation might be by telephone or, possibly, in person, just to make sure the Veteran is doing well. VA will also ask the Veteran to come back for a follow-up appointment no later than two weeks after discharge from the hospital.

In addition, Veterans who live a long distance from a VA medical center can still receive treatment through telemedicine. In many parts of the country, especially in rural areas, there may not be very many providers experienced in treating mental health problems. To remedy this situation, VA offers treatment through





telemedicine. That is, mental health providers located at larger VA medical centers can talk with, evaluate, and provide treatment for Veterans at smaller community-based VA clinics through closed-circuit video. Telemedicine services, like face-to-face mental health services, are confidential. More and more VA clinics are using telemedicine technology to connect patients with specialists who are not on-site. For example, if you are a Veteran living in a rural area and need specialized care for PTSD that is not available at your local VA clinic, you may receive this treatment from a PTSD specialist at another VA location using telemedicine technology.

TREATMENTS FOR SPECIFIC MENTAL ILLNESSES

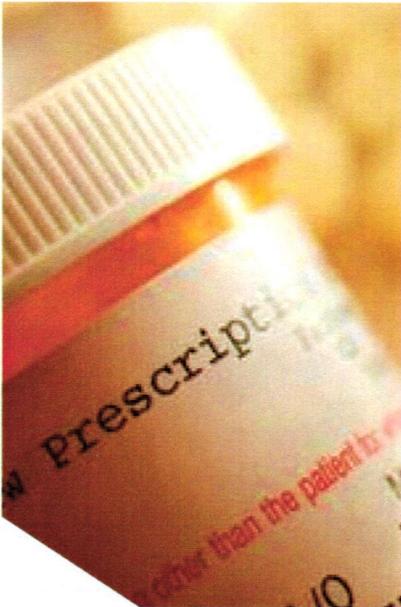
VA offers treatment for a wide range of mental health problems. These problems include, but are not limited to, depression, anxiety, posttraumatic stress disorder (PTSD), substance use disorder, bipolar disorder, and schizophrenia. Treatments such as medications, psychotherapies (talk therapies), and psychosocial rehabilitation and recovery services help the Veteran along the road to recovery. VA uses treatments that have been proven to be effective for specific mental health disorders. These proven treatments are called evidence-based treatments.

Examples of common mental health treatments for Veterans include:

TREATMENTS FOR DEPRESSION AND ANXIETY

Depression and Anxiety are common among the general public and among Veterans. Treatments include:

- Antidepressant medications, anti-anxiety medications, and medications to improve sleep and other problems
- Talk therapies (also called psychotherapies), such as:
 - ◆ Cognitive behavioral therapy (CBT) to help individuals understand the relationship between thoughts, emotions, and behaviors, learn new patterns of thinking, and practice new positive behaviors (relaxation techniques, using calming tapes to improve sleep, exercising, or socializing with friends)
 - ◆ Acceptance and commitment therapy (ACT) to help people overcome their struggles with emotional pain and worries. It helps them recognize, commit to, and achieve what's important to them
 - ◆ Interpersonal therapy (IPT) to help people promote positive relationships and resolve relationship problems.





U.S. Department
of Veterans Affairs

"I knew that if the troops I'd lost could talk, they'd say 'Come on, you're living for me now. Pick up your game.'"

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Learn more at:

www.MakeTheConnection.net/WatchJack

Jack
USMC
1963-1967



TREATMENTS FOR SUBSTANCE USE DISORDERS

Substance misuse problems are common in the general public and among Veterans. When Veterans have trouble readjusting to civilian life, some turn to substances to help them cope. People can misuse or become addicted to alcohol, tobacco, illegal drugs and prescription medications. Treatments for substance use disorders include:

- Medications to decrease cravings for alcohol and medications to ease withdrawal (“detox”) from alcohol and drugs. Medications like buprenorphine and methadone can also be used as therapeutic substitutes for illegal drugs (heroin) or addictive prescription pain medications.
- Talk therapies (also called psychotherapies), such as:
 - ◆ Motivational enhancement therapy to help the individual strengthen his/her commitment to recovery
 - ◆ Cognitive behavioral therapy to help the individual identify the risks for relapse and learn new coping skills to avoid relapse.
- Opioid Treatment Programs (OTPs) help Veterans who misuse Opioids. Opioids include illegal substances, such as heroin, and legally prescribed medications such as some prescription pain medications. Opioid Treatment Programs offer talk therapies and provide medications like methadone and buprenorphine to help Veterans manage cravings for opioids. These medications are carefully monitored. Methadone can only be obtained in methadone maintenance programs located at some VA hospitals. But buprenorphine, a newer medication, has some advantages over methadone. It can be prescribed by any physician who has received training, even a primary care physician. This means that Veterans who live far from VA OTPs can receive buprenorphine from a primary care provider or psychiatrist at their local community based outpatient clinic.
- Residential treatment programs for substance use disorders allow Veterans to receive intensive treatment in a supervised residential setting. This treatment environment provides support and structure to help the Veteran develop a foundation for long-term recovery. See Appendix B for more information about residential rehabilitation treatment programs.
- Work therapies are commonly prescribed for Veterans to promote and support recovery (see Appendix C).



TREATMENTS FOR POSTTRAUMATIC STRESS DISORDER (PTSD)

Posttraumatic stress disorder can occur after a person has a very serious or life threatening traumatic experience. For Veterans, this life threatening event often occurs during combat. However, other noncombat related events – such a natural disasters, motor vehicle accidents, or sexual trauma – can also threaten life and can result in PTSD.

A mobile telephone application, *PTSD Coach*, was released by VA in 2011. It provides information about PTSD, self assessment and symptom management tools, and information on how to get help for PTSD. *PTSD Coach* can be downloaded for free from iTunes.

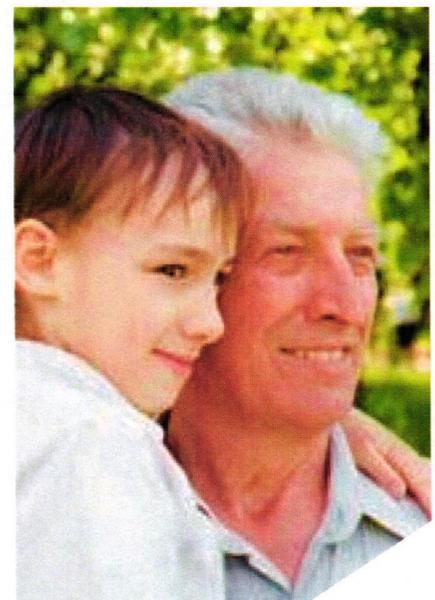
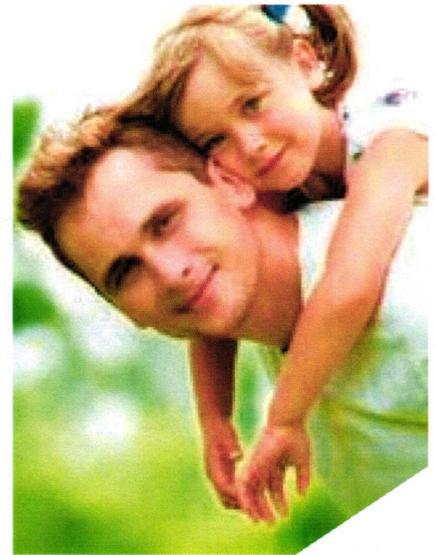
VA has been a national leader in the development of talk therapies (also called psychotherapies) for PTSD. Treatments for PTSD include:

- Antidepressant medications, anti-anxiety medications, mood stabilizing medications, and other medications to ease nightmares, irritability, sleeplessness, depression, and anxiety
- Talk therapies (also called psychotherapies):
 - ◆ Cognitive behavioral therapy (CBT) to help individuals understand the relationship between thoughts, emotions, and behaviors, learn new patterns of thinking, and practice new positive behaviors
 - ◆ Cognitive processing therapy (CPT), a form of CBT that involves correcting negative thought patterns so that memories of trauma don't interfere with daily life. It may also include writing about one's traumatic experience. Clinical guidelines strongly recommend CPT for PTSD treatment.
 - ◆ Prolonged Exposure Therapy (PE) to help people reduce fear and anxiety triggered by reminders of the trauma. This is done by confronting (or being exposed to) trauma reminders in a safe treatment environment until they are less troubling. In this way, individuals can stop avoiding and reacting to trauma reminders and live their lives more fully in the present with greater freedom from the past. Clinical guidelines strongly recommend PE for PTSD treatment.
- Residential Rehabilitation Treatment Programs provide intensive, specialized treatment for posttraumatic stress disorder within a structured, 24/7 care setting (see Appendix B).

TREATMENTS FOR SERIOUS MENTAL ILLNESSES, LIKE SCHIZOPHRENIA, SCHIZOAFFECTIVE DISORDER, AND BIPOLAR DISORDER

Even though these mental health problems do not occur as often as substance abuse, PTSD, and depression, they can be especially disabling. They may occur intermittently – that is, they typically improve at some times and get worse at other times. These problems can be so severe that a Veteran may lose touch with reality. VA offers a range of treatments and services for Veterans with serious mental illnesses. These Veterans typically benefit from psychosocial rehabilitation services designed to promote recovery and improve everyday functioning at home and in the community. Treatments for serious mental illnesses include:

- Antidepressant medications, mood stabilizing medications, antipsychotic medications and other medications to stabilize mood, organize thoughts, reduce hallucinations, and ease related symptoms. If a Veteran with severe schizophrenia or schizoaffective disorder does not improve after trying two antipsychotic medications (and giving them enough time to work), the antipsychotic medication clozapine should be considered. Clozapine is a very effective medication.
- Psychosocial Rehabilitation and Recovery Services to optimize functioning (see Appendix D)
- Work therapies to promote and support recovery (see Appendix C)





U.S. Department
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*"It's amazing what you can do by just
telling and owning your own story."*

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Learn more at:

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Trista

*US Navy, USMC, US Army National Guard
1992-2008*

- Social skills training
- Residential Rehabilitation Treatment Programs allow for intensive treatment for Veterans with severe mental illness within a structured, supervised setting (see Appendix B).
- Mental Health Intensive Case Management (MHICM). A team of mental health physicians, nurses, psychologists, and social workers that treat Veterans in their homes and community. MHICM helps Veterans experiencing symptoms of severe mental illness cope with symptoms and live more successfully at home and in the community.

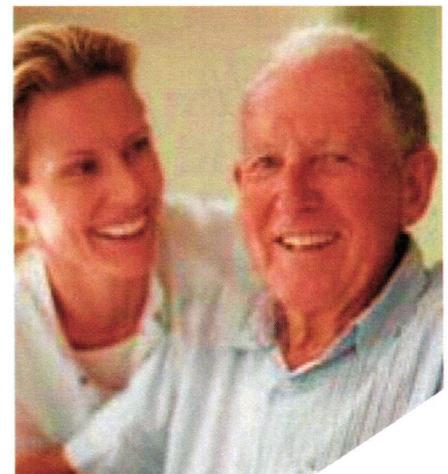
SPECIAL PROGRAMS FOR VETERAN POPULATIONS WITH SPECIFIC NEEDS

VA recognizes that some groups of Veterans have special mental health needs. In response to these needs, VA has developed special programs tailored for these groups. VA special programs include:

- **Services for Women Veterans** – VA offers a full range of mental health services for women Veterans, including outpatient, residential and inpatient services. Available outpatient services include assessment and evaluation, medication management, and individual and group psychotherapy. Specialty services are available to target problems such as PTSD, substance abuse, depression, conditions related to military sexual trauma (MST), and homelessness. In addition to the mixed gender residential and inpatient resources, VA has regional or national resources that provide treatment to women only or that have separate tracks for women. All VAs maintain treatment environments that can accommodate and support women with safety, privacy, dignity and respect.

VA has almost a dozen residential or inpatient programs that provide treatment to women only or that have separate tracks for men and women. Mixed gender inpatient units or residential treatment centers must ensure safe and secure sleeping and bathroom arrangements, including, but not limited to, door locks and proximity to staff. Each regional VA network (called a VISN) must have residential care programs able to meet the needs of women Veterans. However, the needs for some types of sub-specialty care (for example, women with PTSD) may be limited, and women Veterans who need these services may be referred to regional or national resources.

- **Family Services** – VA offers family services for Veterans and their family members. These include family education, brief problem-focused consultation, family psychoeducation, and marriage and family counseling. Family education provides families with the information they need to partner with the treatment team and support the Veterans' recovery. For brief family consultation the family meets with a mental health provider as needed to resolve specific issues related to the Veteran's treatment and recovery. Family psychoeducation is a part of recovery services for Veterans with serious mental illness. It focuses mainly on supporting the Veteran's well-being and functioning. The overarching goal of marriage and family counseling is to reduce relational distress and strengthen couple and family relationships.





Coaching Into Care Resources: VA works with Veterans' family members and friends who notice Veterans having difficulties. VA supports their efforts to help the Veteran. Coaching Into Care is a free and confidential telephone coaching service. It helps callers discover new ways to talk with a Veteran about their concerns and about treatment options. Callers can reach the service at (888) 823-7458. More information can be found at www.mirecc.va.gov/coaching.

- **Readjustment Counseling Services (Vet Centers)** – VA operates 300 community-based counseling Vet Centers. Many providers at Vet Centers are Veterans of combat themselves. Vet Centers provide readjustment counseling and outreach services to all Veterans who served in any combat zone. Military sexual trauma counseling and bereavement counseling are also provided. Services are available for family members for military related issues, and bereavement counseling is offered for parents, spouses, and children of Armed Forces, National Guard, and Reserves personnel who died in the service of their country. Veterans have earned these benefits through their service, and all are provided at no cost to the Veteran or family.
- **Military Sexual Trauma Services** – Both women and men can experience military sexual trauma (MST), and for some, the experiences can affect their health even many years later. Because MST is an experience, not a diagnosis, Veterans who experienced MST can benefit from the range of treatment options VA has available to treat conditions commonly associated with MST, including posttraumatic stress disorder (PTSD), depression, substance abuse, and others. VA also has MST-specific outpatient, inpatient, and residential services available to assist Veterans in their recovery. It's important to know that VA provides all treatment for MST-related mental and physical health conditions free of charge. A service-connected disability rating is not required, and Veterans may be able to receive MST-related care even if not eligible for other VA services. Veterans do not need to have reported the incident or have other documentation that it occurred.
- **Services for Veterans Who are Homeless** – VA offers special programs and initiatives to help homeless veterans live as self-sufficiently and independently as possible. VA is the only Federal agency that provides substantial hands-on assistance directly to homeless persons including:
 - ◆ National Call Center for Homeless Veterans: **1-877-4AID VET (877-424-3838)** or www.va.gov/HOMELESS/NationalCallCenter.asp
 - ◆ Outreach to Veterans living on the streets and in shelters who otherwise would not seek help
 - ◆ Drop in centers where Veterans who are homeless can shower, get a meal, and get help with a job or getting back into society
 - ◆ Medical treatment for physical and mental disorders, including substance abuse
 - ◆ Emergency housing referral
 - ◆ Transitional housing in community-based programs

 **VA**
Home Front
1-877-424-3838 (1-877-4AID-VET)

- ◆ Referral to permanent housing through the use of rental assistance vouchers with case management
 - ◆ Long-term assistance, case management, and rehabilitation
 - ◆ Employment assistance
 - ◆ Residential treatment (see Appendix B)
- **Services for Veterans Involved with the Criminal Justice System (Justice-Involved Veterans)** – An eligible Veteran who is not currently incarcerated can access VA health care regardless of any criminal history, including incarceration. Only when an otherwise eligible Veteran is currently incarcerated, or in fugitive felon status, is he or she not able to access VA health care. VA has two programs serving Veterans across the criminal justice system. Their shared goal is to provide the earliest possible intervention to link Veterans to the full array of VA services that will promote treatment while preventing homelessness and further contact with the criminal justice system.
- ◆ Veterans Justice Outreach (VJO) program: outreach and linkage to VA medical, mental health, and homeless services for justice-involved Veterans. Every VA medical center has at least one VJO Specialist, who serves as a liaison between VA and the local criminal justice system.
 - ◆ Health Care for Reentry Veterans (HCRV) program: outreach and reentry planning assistance for Veterans incarcerated in state and federal prisons.
- **Services for Older Veterans**
- ◆ VA Community Living Centers (CLCs) for Veterans needing temporary assisted care until they can return home or find placement in a nursing home
 - ◆ Home-Based Primary Care that includes a mental health professional as part of the team providing care to Veterans in their homes
 - ◆ Screening for dementia like Alzheimer's disease and/or other problems that interfere with memory
 - ◆ Assessments that help decide whether the Veteran can safely live at home and make informed medical decisions



VETERANS MENTAL HEALTH COUNCILS

These important groups provide a way for people (Veterans, their families, and community groups) who “consume” VA services to offer input to VA leaders about the structure and operations of mental health services. Each facility is strongly encouraged to support a local Veterans Mental Health Council. Each Council has a VA mental health staff member as a liaison. Councils may include several different kinds of members:

- Veteran consumers and family members of consumers
- Veteran consumer advocates, such as:
 - ◆ Veteran Service Organizations (VSOs)
 - ◆ Representatives from the National Alliance on Mental Illness (NAMI), Depression and Bipolar Support Alliance (DBSA), and other mental health advocacy groups
 - ◆ Local community employment and housing representatives



*If you're concerned about getting the care you need,
talk to your provider about other treatment options.*

VA RESOURCES

FOR *Veterans & Families*

The **Veterans Health Administration (VHA)** provides mental health services at its medical centers and community-based outpatient clinics. In addition, readjustment counseling services are available for Veterans and their families at Vet Centers across the nation. All mental health care provided by VHA supports recovery, striving to enable people with mental health problems to live meaningful lives in their communities and achieve their full potential. For more information about VHA mental health services, please visit the VA Mental Health website at www.mentalhealth.va.gov or the Vet Center website at www.vetcenter.va.gov.

Make the Connection (www.maketheconnection.net) is a public awareness campaign by the Department of Veterans Affairs that provides personal testimonials and resources to help Veterans and their families and friends learn from each other's experiences and discover ways to improve their lives.

MAKE THE CONNECTION
www.MakeTheConnection.net

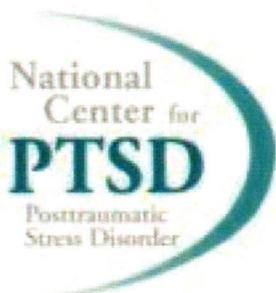
Veterans Crisis Line



1-800-273-8255
PRESS 1

The **Veterans Crisis Line** connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call 1-800-273-8255 and Press 1, chat online at www.veteranscrisisline.net, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year.

VA works with family members or friends who become aware of a Veteran's postdeployment difficulties, and supports their efforts to find help for the Veteran. **Coaching Into Care** is a free and confidential coaching service to help callers discover new ways to talk with a Veteran about their concerns and treatment options. Callers can reach the service at 888-823-7458. More information can be found at www.mirecc.va.gov/coaching.



National Center for PTSD is VA's center of excellence for research and education on the prevention, understanding, and treatment of PTSD. The mission of the National Center is to advance the clinical care and social welfare of America's Veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. More information can be found at www.ptsd.va.gov.

APPENDIX A.

Minimum Mental Health Services VA Medical Centers and Clinics are Required to Provide

Different sized VA clinics have different requirements for the mental health services they must offer. Regardless of the site, eligible Veterans in rural and urban areas must have access to mental health services, either on-site at VA medical centers and very large CBOCs, or via several possible routes at smaller CBOCs (■ on-site, ◆ telemedicine, ► referral) or community providers. Veterans in remote areas may also be served by MHICM-RANGE or Enhanced RANGE (E-RANGE) programs in certain cases. See glossary for definitions of terms in table.

Hours of Care	Medical Center	Very Large CBOC (more than 10,000 Veterans per year)	Large CBOC (5,000-10,000 Veterans per year)	Mid-sized CBOC (1,500-5,000 Veterans per year)	Small CBOC (fewer than 1,500 Veterans per year)
Additional evening, early morning, or weekend hours (check location for more info)	Must provide as needed to meet needs of patient population	Must provide as needed to meet needs of patient population	Strongly encouraged to provide	Strongly encouraged to provide	Strongly encouraged to provide
Emergency care	Immediate onsite 24/7 (in larger medical centers a mental health provider is available in the emergency department from 7 am to 11 pm)	Immediate onsite during hours of operation and/or local community emergency department 24/7	Direct patients to nearby emergency department ►	Direct patients to nearby emergency department ►	Direct patients to nearby emergency department ►

The RANGE or Enhanced RANGE (E-RANGE) programs might be available in some rural areas for Veterans with SMI.

¹ CBT= cognitive behavioral therapy

² MHICM= mental health intensive case management

³ IPT= interpersonal therapy

⁴ ACT= acceptance commitment therapy

⁵ PRRC= psychosocial rehabilitation and recovery centers

Mental Illness/ Problem	Medical Center	Very Large CBOC (more than 10,000 Veterans per year)	Large CBOC (5,000-10,000 Veterans per year)	Mid-sized CBOC (1,500-5,000 Veterans per year)	Small CBOC (fewer than 1,500 Veterans per year)
Posttraumatic Stress Disorder (PTSD)	Specialized Outpatient programs; evidence-based talk therapies (Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE); medications on-site ■	Specialized Outpatient programs; evidence-based talk therapies (Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE); medications on-site ■	Evidence-based talk therapies (Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE); medications on-site ■ or through telemedicine ◆	Evidence-based talk therapies (Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE); medications on-site ■ or through telemedicine ◆	General and specialty services on-site ■ or via telemedicine ◆ [referral to Residential treatment program, VA medical center, or community services ➤]
Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Depression Anxiety	General and specialty services; family services; skills training; peer support; evidence-based therapies (CBT ¹ , ACT ⁴ , IPT ³) for depression/anxiety; larger facilities may have PRRCs ⁵ or MHICM ² programs on-site ■	General and specialty services; family services; skills training; peer support; evidence based therapies for depression/anxiety [MHICM ² , PRRC ⁵] on-site ■	Majority of general and specialty services on-site ■ or via telemedicine ◆ evidence-based therapies for depression/anxiety on-site ■ or through telemedicine ◆ [referrals to VA medical center or community services ➤]	General and specialty services on-site ■ or via telemedicine ◆ referral to residential treatment program, VA medical center, or community services ➤ evidence based therapies for depression/anxiety on-site ■ or through telemedicine ◆	General and specialty services on-site ■ or via telemedicine ◆ referral to residential treatment program, VA medical center, or community services ➤
Substance Use Disorders (alcohol, drugs, prescription medications, tobacco)	General and evidence-based specialty services; inpatient or outpatient detoxification; opioid treatment programs providing methadone at some medical centers	[IOP ⁶]; specialized Outpatient treatment programs with evidence-based therapies and medication management onsite ■	Specialized outpatient programs; evidence-based therapies onsite ■ or through telemedicine ◆	Specialized outpatient programs; evidence-based therapies on-site ■ or through telemedicine ◆	General and specialty services on-site ■ or via telemedicine ◆, referral to residential treatment program, VA medical center, or community services ➤
Homelessness	emergency or transitional housing with support services; homelessness outreach specialist and community links	emergency or transitional housing with support services; homelessness outreach specialist and community links	Referrals to Community providers for emergency or transitional housing, and/or basic emergency services ➤	Referrals to Community providers for emergency or transitional housing, and/or basic emergency services ➤	Referrals to Community providers for emergency or transitional housing, and/or basic emergency services ➤

■ On-site ◆ Telemedicine ➤ Referral to VA facilities or community providers

APPENDIX B. Residential Treatment

Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) provide a 24/7 therapeutic setting for Veterans with a wide range of problems, illnesses, or rehabilitative care needs that can include mental health, substance use disorder and co-occurring medical concerns. Veterans may also be homeless, unemployed or have other psychosocial needs. RRTPs help Veterans work on improving their quality of life, maintaining their health, and participating in their communities. They also offer evidence-based treatment for mental illness, including PTSD and substance use disorders. There are several types of MH RRTPs that can be stand-alone programs or larger domiciliary programs (DOM) where several programs are located in one location. The types of MH RRTPs are described below.

Domiciliary Care for Homeless Veterans (DCHV) - DCHVs provide 24/7 structured and supportive residential treatment environment for Veterans who are homeless.

General Domiciliary (General Dom) or Psychosocial Residential Rehabilitation Treatment Programs (PRRTP) - These programs provide residential care for the general Veteran population, treating medical and psychiatric problems, substance use disorders, PTSD, and homelessness. General Doms and PRRTPs provide a 24/7 structured and supportive residential environment as a part of treatment.

Domiciliary PTSD (Dom PTSD) or Posttraumatic Stress Disorder Residential Rehabilitation Treatment Program (PTSD-RRTP) - These programs provide residential care for Veterans with PTSD including Military Sexual Trauma (MST). Both Dom PTSD and PTSD-RRTPs provide a 24/7 structured and supportive residential environment with evidence-based treatment for PTSD.

Domiciliary SA (Dom SA) or Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) - These programs provide residential care to Veterans with substance use disorders. Dom SA and SARRTPs provide a 24/7 structured and supportive residential environment as a part of specialized substance use disorder treatment.

Compensated Work Therapy-Transitional Residence (CWT-TR) - CWT-TR offers therapeutic work-based residential rehabilitation services designed to help Veterans return to their communities. Veterans participating in CWT-TR live in transitional residences and are enrolled in CWT working directly on employment goals.

APPENDIX C. Work Therapies

Transitional Work Experience offers assignments in businesses that help Veterans function in the work environment and reintegrate into the community.

Supported Employment provides job support services to help Veterans get and keep jobs. These services are provided in the community, rather than in mental health treatment or rehabilitation settings.

Incentive Therapy is a pre-vocational program for Veterans to perform work at some VA Medical Centers.

APPENDIX D. Psychosocial Rehabilitation Services

These services focus on improving functioning and enabling Veterans to lead full and meaningful lives in the community of their choice. One type of psychosocial rehabilitation services is the Psychosocial Rehabilitation and Recovery Centers (PRRCs). The PRRCs provide:

- Family education programs
- Social skills training for Veterans with serious mental illnesses. These skills help the Veteran relate to others, improve health, and function better at work and home.
- Education groups
- Illness management and recovery groups
- Wellness programs that explain the benefits of healthy living (regular exercise, nutritious diet, avoiding smoking/drugs/alcohol, etc.)
- Peer support services (help from other Veterans with mental illness who can share their experience, strength, and hope). Peers are roles models who show that recovery from mental health problems is possible. Peers can teach goal setting, symptom management skills, problem solving; they can identify strengths and supports for the Veteran; and they can promote wellness.

GLOSSARY AND LINKS TO MORE INFORMATION

- **ACT—Acceptance and Commitment Therapy.** A proven talk therapy (also called a psychotherapy) for depression, and anxiety. ACT helps people overcome their struggles with emotional pain and worries. It helps them learn to recognize, commit to, and achieve what's important to them.
- **CBT—Cognitive Behavioral Therapy.** A proven talk therapy for depression (also called a psychotherapy), and anxiety. CBT helps people learn new patterns of thinking and practice new positive behaviors.
- **CLC—Community Living Center.** A short-term home for Veterans who need temporary assisted care until they can return home or find placement in a nursing home. Also a long-term home for Veterans who cannot stay in a community nursing home or who need end-of-life care. For more information, visit: www1.va.gov/GeriatricsSHG/page.cfm?pg=52
- **CPT—Cognitive Processing Therapy.** A proven talk therapy (also called a psychotherapy) for PTSD that is a type of Cognitive Behavioral Therapy (CBT). CPT helps people learn new patterns of thinking so their memories of trauma do not interfere with their daily lives, and may include writing about one's traumatic experience.
- **CWT—Compensated Work Therapy.** A recovery-oriented vocational program that is part of VA's services to help Veterans return to work. For more information, visit: www.cwt.va.gov.
- **Dementia**—Loss of memory and intellectual capacity that is severe enough to limit a person's ability to function. Alzheimer's disease is one common cause of dementia.
- **Domiciliary**—A safe, home-like facility where Veterans live for a short time while they “get back on their feet.” They receive services that help them get a job, return to school, improve social skills, and address physical and mental health problems.
- **DRRTP—Domiciliary Residential Rehabilitation and Treatment Program.** Coordinated residential treatment programs VA provides to Veterans in one location.
- **Enhanced-RANGE (E-RANGE). Enhanced Rural Access Network Growth Enhancement.** A team of mental health doctors, nurses, and social workers that treat Veterans in their homes and community. RANGE helps Veterans experiencing severe mental illness cope with symptoms and live more successfully at home and in the community. E-RANGE teams also assist homeless Veterans or Veterans who might be at risk for becoming homeless in finding housing and avoid homelessness. RANGE helps Veterans experiencing severe mental illness cope with symptoms and live more successfully at home and in the community. RANGE programs serve Veterans in rural areas or areas where there is relatively a small population of Veterans.
- **Evidence-based Therapy**—Evidence-based therapies (or “proven” therapies) have been developed and studied scientifically. They are proven to be safe and very effective.
- **Incentive Therapy**—A pre-vocational program for Veterans to perform work at VA Medical Centers.
- **IPT—Interpersonal therapy.** A proven treatment for depression. Interpersonal therapy focuses on a person's relationships with other people. The therapy helps people promote positive relationships and resolve relationship problems.
- **MHTC—Mental Health Treatment Coordinator.** The MHTC is the Veteran's main contact for all specialty mental health services. The MHTC's job is to coordinate a mental health treatment plan for the Veteran.
- **MHICM—Mental Health Intensive Case Management.** In MHICM, a team of mental health physicians, psychologists, nurses, and social workers treats patients in their homes in the community. MHICM helps Veterans experiencing severe mental illness have less need of hospitalization and live better at home and in the community. While most MHICM programs are located in urban areas, in some cases, MHICM teams can serve rural areas as well.